



Direct Deposit Enrollment Form

Dear Veteran,

The U.S. Department of Treasury, under 31 CFR Part 208, now requires Federal payments, including beneficiary travel and compensated work therapy, to be made electronically. The information you provide on this form will be used by the Treasury to transmit payment data through electronic funds transfer to your financial institution.

Complete **all** fields in the Information Section below. To return your form, you may:

- **Bring** the completed form to the Portland campus Agent Cashier Office (near the main entrance in the Clinic A waiting area);
- **Fax** it to VAPORHCS Fiscal Office secure fax line at (503) 402-2868; or
- **Mail** to VAPORHCS ATTN: Agent Cashier, PO BOX 1037, Portland , OR, 97207

First & Last Name _____	Social Security# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address _____	City _____ State _____ Zip _____
Bank Name _____	City _____ State _____ Zip _____
Routing Transit # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account # _____
<small>(Routing Transit # Found on the bottom of your personal check, <u>must have 9 digits</u> and begin with "0", "1", "2" or "3")</small>	
Circle Account Type:	Checking Savings
Signature _____	Phone # () _____

For questions concerning the Electronic Funds Transfer (EFT) process, please contact Fiscal Service at (503) 273-5302.

A.B.A Routing Numbers Example

John Q. Public 123 Main Street Your Town, USA 12345-6789		101
Pay to the order of: _____		Date: _____
_____ DOLLARS <input type="text"/>		
Memo _____		
⑆00006789⑆ ⑆2345678⑆ 0101		
Routing/Transit Number	Account Number	